

OFFICIAL

Revision: HCFA-PM-91-4 (BPD)  
August 1991

ATTACHMENT 3.1-A  
Page 1  
OMB No.: 0938-

State/Territory: Maine

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Provided: ☒ No limitations ☐ With limitations\*

- 1.a. Outpatient hospital services.

Provided: ☒ No limitations ☐ With limitations\*

- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic (which are otherwise included in the State Plan).

Provided: ☒ No limitations ☐ With limitations\*

☐ Not provided.

- c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

Provided: ☒ No limitations ☐ With limitations\*

- d. Other laboratory and x-ray services.

Provided: ☒ No limitations ☐ With limitations\*

Information provided on attachment.

No. 91-14  
Supersedes 90-11 Approval Date MAR 26 1992 Effective Date OCT 01 1991

State MAINE

## AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

Item 1. Inpatient Hospital Services

Prior authorization (PA) required for extension of hospital benefit days beyond 60 days. Intensive care and coronary care services do not require prior authorization. Private rooms and private duty nursing are no longer covered.

Item 4a. Skilled Nursing Facility Services

Private rooms and private duty nursing are not covered.

Item 4c. Family Planning Services

PA required for abortion services only if it is to be done outside the State.

TN# 861-11Supersedes  
TN# 78-18

Approval Date

1/16/85

Effective Date

10/1/84

State/Territory: Maine

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AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided: /X/ No limitations // With limitations\*

- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.\*

- c. Family planning services and supplies for individuals of child-bearing age.

Provided: /X/ No limitations // With limitations\*

5. a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided: /X/ No limitations // With limitations\*

- b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided: /X/ No limitations // With limitations\*

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

- a. Podiatrists' services.

Provided: // No limitations /X/ With limitations\* // Not provided.

\*Description provided on attachment.

TN No. 95-005

Supersedes

TN No. 93-1

Approval Date 7/6/95

Effective Date 4/1/95

State/Territory: MaineAMOUNT, DURATION, AND SCOPE OF MEDICAL  
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Item 6a. Podiatrists' Services

Limited to non-routine procedures only, treatment of plantar warts, ingrown nails, ulcerations, bursitis, and infections of the foot, and minor surgical procedures under local anesthesia. Also, some routine procedures complicated by foot pathology (such as nail-clipping if severe diabetes with onychomycosis) are covered.

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TN No. 90-51Approval Date MAR 26 1992 Effective Date OCT 01 1991

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b. Optometrists' services.

☒ Provided: ☐ No limitations ☒ With limitations\*

☐ Not provided.

c. Chiropractors' services.

☒ Provided: ☐ No limitations ☒ With limitations\*

☐ Not provided.

d. Other practitioners' services.

☒ Provided: Identified on attached sheet with description of  
limitations, if any.

☐ Not provided.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health  
agency or by a registered nurse when no home health agency exists in  
the area.

Provided: ☒ No limitations ☐ With limitations\*

b. Home health aide services provided by a home health agency.

Provided: ☒ No limitations ☐ With limitations\*

c. Medical supplies, equipment, and appliances suitable for use in the  
home.

Provided: ☒ No limitations ☐ With limitations\*

\*Description provided on attachment.

Attachment to  
Attachment 3.1-A, Page 3

State: Maine

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Item 6b - Optometrists' Services

Limited to one pair of eyeglasses when the power is equal to or greater than 10.00 diopters. Individuals covered under EPSDT are eligible to receive other services subject to the following limitation: examination and eyeglasses may only be provided for more than minor refractive error. The volume purchase of eyeglasses limited the selection of frames and lenses to a basic assortment from one supplier.

Item 6c - Chiropractor's Services

Limited to treatment by means of manual manipulation of the spine.

Item 6d - Other Practitioners' Services:

Psychologists

Psychologist services are limited to those provided by a licensed psychologist. Staff operating under the direction of a licensed psychologist may be reimbursed for neuropsychological testing when performed by appropriately educated and/or trained staff.

Limited to evaluation, individual or group psychotherapy, psychometric testing and collateral contacts. Limited to two hours per week for individual psychotherapy unless emergency treatment is required and in then limited to eight visits per emergency. Limited to ninety minutes per week for group therapy with exceptions of patients in an inpatient psychiatric facility or individuals in groups for trauma treatment. Psychometric testing is limited to a total of four hours except for the Halstead-Reitan Battery (seven hours) Intellectual Level (two hours) and self administered tests (thirty minutes).

Psychological Examiners

Limited to psychometric testing of four hours except for the Halstead-Reitan Battery (seven hours) Intellectual Level (two hours) and self administered tests (thirty minutes), and intervention services defined as consultation, behavior management and social skills training.

Licensed Clinical Social Workers and Licensed Clinical Professional Counselors

Services covered for children up to age 21.

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TN No. 96-013

Supersedes

Approval Date: 3/5/97

Effective Date: 10/1/96

TN No. 95-005

State/Territory: Maine

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE  
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8. Private duty nursing services.

These services are those provided by a registered nurse or licensed practical nurse. Private duty nursing services are provided under the direction of the client's physician. Individuals under the age of 21 may be eligible for any level of Private Duty Nursing Services. Individuals age 21 and over may be eligible for only the At Risk Level or the Extended Level of Service. Individuals age 21 years and over shall receive a medical eligibility determination by the Department's authorized Assessing Services Agency. Medicaid covered services in the plan of care shall be prior authorized, coordinated and monitored by the authorized Home Care Coordinating Agency.

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TN No. 98-004

Supersedes

Approval Date: \_\_\_\_\_

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State/Territory: Maine

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- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

☒ Provided: ☒ No limitations ☐ With limitations\*  
☐ Not provided.

8. Private duty nursing services.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

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9. Clinic services

☒ Provided: ☒ No limitations ☐ With limitations\*  
☐ Not Provided.

10. Dental services

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not Provided.

11. Physical therapy and related services

a. Physical therapy

☒ Provided: ☒ No limitations ☐ With limitations\*  
☐ Not Provided.

b. Occupational therapy

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not Provided.

c. Services for individuals with speech, hearing, and language disorders (provided by or under the supervision of a speech pathologist or audiologist).

☒ Provided: ☒ No limitations ☐ With limitations\*  
(See Attachment 3.1-A, p.4a)  
☐ Not Provided.

\*Description provided on attachment.

TN No. 97 - 005

Supersedes

Approval Date: 7/17/97

Effective Date: 4/1/97

TN No. 90 - 21

State/Territory: Maine

AMOUNT, DURATION AND SCOPE OF MEDICAL  
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Item 10. Dental Services

- A. Persons under EPSDT not limited, except that PA is required for orthodontic services and some others.
- B. For persons aged 21 years of age and over limited to:
1. acute surgical care directly related to an accident where traumatic injury has occurred;
  2. diagnostic procedures to identify the acute problem;
  3. medications necessary to eliminate infection and control acute pain;
  4. pulpotomies, and root canal treatments for acutely painful teeth;
  5. restorations necessary to restore previously endodontically treated teeth during the same period of treatment as the original endodontic services;
  6. restorations necessary to prevent eminent tooth loss;
  7. extraction of teeth as necessary to treat acute pulpitis or acute periodontal abscess;
  8. extraction of teeth when provided in connection with medically necessary oral surgery, or when radiographic evidence indicates tooth decay into the pulp or periapical bone loss; and
  9. oral surgical and related medical procedures not involving the dentition and gingiva.

Item 11b. Occupational Therapy Services shall be provided by or under the direct supervision of a licensed Occupational Therapist.

Item 11c. Speech and Hearing Services

Hearing aids and hearing aid examinations are not covered for persons aged 21 years and over. Covered for persons under EPSDT

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